

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 570
Registered No. 570

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 68 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Otelia Rascon

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Dec. 13 - 1929
Month Day Year

8. FATHER

Full name Frutoso Rascon

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Mex

11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Chihuahua

(State or country) Mex.

13. Occupation

Nature of industry Sells wood

11. MOTHER

Full maiden name Julia Duran

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Mex.

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Deming

(State or country) New Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 4 (a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown M.D.

Physician (Physician or midwife)

Address Miami, Arizona

Filed Dec 20, 29 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report. _____
Month, day, year

Registrar

675-1013-145

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